

<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET <small>(FOR USE WITH FORM PTO-875)</small> </div> <div style="width: 30%;"> SERIAL NO. 10/049537 FILING DATE _____ APPLICANT(S) _____ </div> </div>						
CLAIMS						
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
IND.	DEP.	IND.	DEP.	IND.	DEP.	
1						51
2						52
3						53
4						54
5						55
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42						92
43						93
44						94
45						
46						96
47						97
48						98
49						99
50						100
TOTAL IND.	3					TOTAL IND.
TOTAL DEP.	3					TOTAL DEP.
TOTAL CLAIMS	6					TOTAL CL.

PTO-1360 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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